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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/502,080			ing Date 08/2004	To be Mailed
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN
	FOR	N	UMBER FIL	.ED NUI	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A	1	N/A		1	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A	1	N/A		1	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),	E	N/A		N/A	1	N/A		1	N/A	
	FAL CLAIMS CFR 1 16(i))		minus 20 =			1	X \$ =		OR	x s =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	m	inus 3 = *		1	x s = -		1	X S =	
☐APPLICATION SIZE FEE (37 GFR 1.16(a)) If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1/ft)(3) and 37 GFR 1.16(s).											
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]					
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		J	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	02/28/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	* 9	Minus	** 35	= 0		X \$26 =	0	OR	x s =	
	Independent (37 CFR 1.16(h))	• 1	Minus	3	= 0	1	X \$110 =	0	OR	X S =	
	Application Size Fee (37 CFR 1.16(s))										
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
ENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,15())		Minus		-		X \$ =		OR	x s =	
N	Independent (37 CFR 1 16(h))		Minus	***	-		X \$ =		OR	X 8 =	
Π̈́	Application Size Fee (37 CFR 1.16(s))					ı					
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(ji)								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
*If the entry in column 1 is less than the entry in column 2, write "01 in column 3. Legal Instrument Examiner: *If the "Highest Number Previously Paid For" N THIS SPACE is less than 20, enter "20". *If the "Highest Number Previously Paid For" N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1. The State For Collegiant Summer Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1. The State For Collegiant Summer Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1. The State For Column 1 is a benefit by the box oblight which is to 10 is and by the INSETO to											

This collection of information is required by 37 CFR 11.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USE) process) an application. Confidentially 39 governed by 38 yeared by 38 St. C12 and 37 CFR 11.4. This collection is estimated to take 12 namicals to complete, including gathering, preparing, and submitting the completed application form to the USEPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chile Information Office. U. S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22319-1.60. D.O. NOT ISEN) THE ESS OF COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22319-1.60. D.O. NOT ISEN) THE STORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22319-1.60.